

**LOCAL BANKRUPTCY FORM 1007-1(c)**  
**IN THE UNITED STATES BANKRUPTCY COURT**  
**FOR THE EASTERN DISTRICT OF**  
**PENNSYLVANIA**

IN RE: **John Robinson**

: CHAPTER 13

**Debtor(s)**

:  
: CASE NO. 23-10053  
:  
:  
:  
:

**CERTIFICATION OF NO PAYMENT ADVICES**  
**pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)**

I, John Robinson, hereby certify that within sixty (60) days before the date of filing the above-captioned bankruptcy petition, I did not receive payment advices (e.g. "pay stubs"), as contemplated by 11 U.S.C. § 521(a)(1)(B)(iv), **from any source of employment**. I further certify that I received no payment advices during that period because:

I have been unable to work due to a disability throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

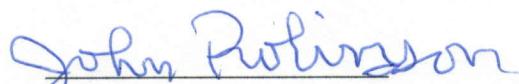
I have received no regular income other than Social Security and Pension throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

My sole source of regular employment income throughout the sixty (60) days immediately preceding the date of the above-captioned petition has been through self-employment from which I do not receive evidence of wages or a salary at fixed intervals. I have been unemployed throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

I did not receive payment advices due to factors other than those listed above. (Please explain)

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

Dated: 02-15-23

  
John Robinson  
Debtor